	HNNY L.	1	Office (if applica	hlel	$ \sqrt{\mathcal{O}a}$	ind M	In Jour
ddi	ess (include city and zip code)	Kou	werth	IN	IU	175-	District (if applicable)
Addre	•				87045	Telephone No.	
uure	.ss					-	
ppr	opriate Box(es) CANDIDATI	E PAC	□BAG □	POL P	RTY []IND EXP[	AMENDED [7]	ANNUAL FILING \
,	Annual Filing - Due J	lanuani	15 2004			F[\	ED#
F	Period: January 1, 2003 - Decen	nber 31, 200	03				OCT 26
F mbents i	Report #1 — Due Augus n an Office with a 4-year term					6/	IN THE OF
mbents ir	an Office with a 6-year term	Period: Period:	Jan. 5, 2001 — Dec. 20, 1998 –	Aug 26 Aug 2	5, 2004 26, 2004	10'	DEAN HELL ER, SECR
iers Adyac	acy Groups (BAGs) only:	Period: Period:	Jan. 1, 2004 – A	lua. 26	. 2004		
			Dec. 5, 2002 –	Aug 26	, 2004		
K	eport #2 Due Octob	er 26, 20 Period:	<b>104</b> Aug. 27, 2004 –	Oct	24 2004	FOR	OFFICE USE ONLY
R	enort #3 Due			- OG. 2	21, 2004		
	eport #3 Due — Janua	ry 15, 20 Period:	<b>05*</b> Oct. 22, 2004 —	Dec 3	11 2004		
only:		Period:	Oct. 22, 2004 -	Dec. 5,	2004		
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P6	ariod' January 1 2004 r		04 000.				
	ort suffices for 2005 Ann	ıuaı Fili <b>n</b> ç	र्ग candidate :	also f	iled Report Nos.	1 and 2	
	00177						Cumulative
	CONTRIBUTIONS	SUMMA	RY				From Beginning
•						This Period	of Report Period #1 through End
							of This Reporting
1. Tot	al Monetary Contributions Red	ceived in E	xcess of \$100			$\sim$	Period
					-	<del>\</del>	
/ Ula	al Monetary Contributions Red	ceived of \$	100 or Less		<del></del>		
			This Peri	od	Cumulative From	`	
					Beginning of Report Period #1		
				Ø	Through End of This Reporting		
Tota	al Amount of Monetary Cont	tributions		<u>U</u>	Period		
Red	ceived I Lines 1 and 2)						
. Tota	I Value of In Kind Contribution	ns Receive	d in	12	ı –	<i>X</i>	
Exc	ess of \$100			X			
		1	EVDENOFO	o	litam:		
	Monetary Expenses Paid in E		EXPENSES	SUN	IMAKY		
Total	ciaciary Expenses Paid in f	Excess of S	<b>\$100</b>			<u> </u>	<u> </u>
. Total	Monoton, Francis	400	SS		•	\\\\\\\\\	
Total	Monetary Expenses Paid of \$	nonce:	. !				
Total Total (Add I	Monetary Expenses Paid of \$ Amount of All Monetary Ex Lines 5 and 6)	penses Pa	aid			Y7 I	
Total <b>Total</b> (Add I Total	Monetary Expenses Paid of \$ Amount of All Monetary Ex Lines 5 and 6) Value of In Kind Expenses in	penses Pa	aid	A	· 	&	
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Total Total (Add I Total) of \$	Monetary Expenses Paid of \$ Amount of All Monetary Ex Lines 5 and 6) Value of In Kind Expenses in 100	penses Pa	AFFIRM			/0/2/ Øate	1/04

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CAMPAIGN CONTRIBUTIONS		Report Period #2
SOHWAY L HACK	Kileth Kound	Milalan Board District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
N/A	4/4	N/A	1/18
			·

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### **Expense Categories**

CATEGORIES	COD
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
* Goods and services provided in kind for which money would otherwise have been paid	1
ther miscellaneous expenses	j
penses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

PAGE\_3\_0F\_7

<sup>\*\*</sup> NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

Office (if applicable)

NAME AND ADDRESS OF		T	·
PERSON, GROUP OR DRGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENS
NA	1/1	1/14	N/H

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# IN KIND CONTRIBUTIONS AND EXPENSES REPORT

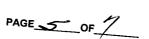
## IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.



District (if applicable)

### **IN KIND**

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHEC HERI IF LOAN
NA	NA	1/14	1/1	m
				-
				$\dashv$
			•	$\dashv$
				$\dashv$
				-
				$\dashv$

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PAGE 6 OF

IN KIND CAMPAIGN
EXPENSES

Report Period #2

Strains L Alche less Report Period #2

Name (print)

Office (if applicable)

District (if applicable)

#### **IN KIND**

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR	T		
ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NA	X	NIA	8

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362 EL201.doc

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Revised: Jan-04